

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00075820 </div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M M / D D D / Y Y Y Y Y Y</div> </div>				
Full Name of Payee BASSWOOD RESEARCH			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 09 / 11 / 2014 </div>	
Mailing Address 4550 MONTGOMERY AVE STE 906			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10702.50 </div>	
City BETHESDA State MD Zip Code 20814		Transaction ID : SE24-0.042239 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 09 / 12 / 2014 </div>		
Purpose of Expenditure SURVEY RESEARCH		Category/Type		
Name of Federal Candidate JOHN M KATKO			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 24 State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 201741.54 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	

Full Name of Payee BASSWOOD RESEARCH			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 09 / 11 / 2014 </div>	
Mailing Address 4550 MONTGOMERY AVE STE 906			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10702.50 </div>	
City BETHESDA State MD Zip Code 20814		Transaction ID : SE24-0.042242 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 09 / 12 / 2014 </div>		
Purpose of Expenditure SURVEY RESEARCH		Category/Type		
Name of Federal Candidate DANIEL B MAFFEI			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 24 State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 201741.54 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 21405.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Keith A. Davis [Electronically Filed] Date

09 / 12 / 2014

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(Schedule E)PAGE 2 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014
Mailing Address 1911 N FORT MYER DR STE 400		Amount 2500.00
City ARLINGTON	State VA	Zip Code 22209
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042235 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate DANIEL B MAFFEI		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014
Mailing Address 1911 N FORT MYER DR STE 400		Amount 2500.00
City ARLINGTON	State VA	Zip Code 22209
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042236 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate JOHN M KATKO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Keith A. Davis

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Date

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(Schedule E)PAGE 3 OF 5
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Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014
Mailing Address 1911 N FORT MYER DR STE 400		Amount 10899.56
City ARLINGTON	State VA	Zip Code 22209
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042237 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate DANIEL B MAFFEI		Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee DMM MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014
Mailing Address 1911 N FORT MYER DR STE 400		Amount 10899.57
City ARLINGTON	State VA	Zip Code 22209
Purpose of Expenditure MEDIA	Category/Type	Transaction ID : SE24-0.042238 Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014
Name of Federal Candidate JOHN M KATKO		Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21799.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 815 SLATERS LANE			Amount 76768.71		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042229		
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Name of Federal Candidate DANIEL B MAFFEI		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate		District: 24 State: NY
Calendar Year-To-Date Per Election for Office Sought 201741.54			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee NATIONAL MEDIA RESEARCH PLANNING & PLACEMENT LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2014		
Mailing Address 815 SLATERS LANE			Amount 76768.70		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.042230		
Purpose of Expenditure MEDIA		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014		
Name of Federal Candidate JOHN M KATKO		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate		District: 24 State: NY
Calendar Year-To-Date Per Election for Office Sought 201741.54			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	153537.41
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee ONMESSAGE INC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2014	
Mailing Address 705 MELVIN DR STE 105		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20610.00</div>	
City ANNAPOLIS	State MD	Zip Code 21401	Transaction ID : SE24-0.042243
Purpose of Expenditure MEDIA	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation MM / DD / YYYY 09 / 12 / 2014	
Name of Federal Candidate ANN KIRKPATRICK		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">940330.36</div>		Office Sought: <input checked="" type="checkbox"/> House District: 01 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
City	State	Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Office Sought: <input type="checkbox"/> House District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">20610.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">222351.54</div>

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